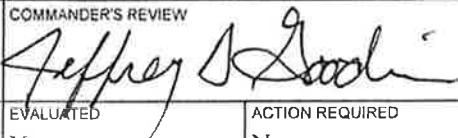


| | | |
|---|----------------------|--------------------|
| AREA West Valley / 580 | DIVISION Southern | NUMBER |
| EVALUATED BY Sergeant D. Moulton, #15323 | | DATE 04/24/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|--|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Correction Report BY _____ | COMMANDER'S REVIEW  DATE 05/20/09 |
| 1. GOALS AND ACCOMPLISHMENTS | | EVALUATED Yes | ACTION REQUIRED No CORRECTED |

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

| | | | |
|-------------------------|------------------|-----------------------|-----------|
| 2. PARTICIPATION | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
|-------------------------|------------------|-----------------------|-----------|

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety?

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| | | |
|--|---|-----------------------------|
| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| 3. ACCIDENT AND INJURY TRENDS | EVALUATED | ACTION REQUIRED | CORRECTED |
|-------------------------------|-----------|-----------------|-----------|
| | Yes | No | |

| | |
|---|---|
| a. Commander's method of identifying trends? | |
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. What corrective action has the command taken when a trend has been identified? | |

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC?

Chairperson: J. D. Goodwin, Captain. Occupational Safety Officer A. James, Lieutenant. Command Safety Coordinator: D. Moulton,

Sergeant. Clerical Representative: K. Bursk, Officer Tech. Auto Tech. Rep: Frank Troung, Auto Technician.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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|---|---|------------------------------|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED Yes | ACTION REQUIRED No |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

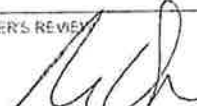
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OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

| | | |
|---|---|-----------------------------|
| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Safety recognition emblem summary current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copies maintained with IIPP file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED Yes | ACTION REQUIRED No |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. COMMUNICATION WITH DOSH | EVALUATED Yes | ACTION REQUIRED No |
| a. Employees aware of procedures regarding DOSH inspections? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED Yes | ACTION REQUIRED No |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | |
|--|------------------|-----------------------|---|-----------------------------|
| (5) Training documented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED Yes | ACTION REQUIRED No | CORRECTED | |
| a. Activities identified within command that may require exposure to hazardous conditions? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--------------------------------------|----------------------|--------------------|
| AREA Newhall 540 | DIVISION Southern | NUMBER |
| EVALUATED BY Sgt. R. Lund, #13224 | | DATE 01/20/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|-----------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW  | DATE 1-21-09 |
| BY | | EVALUATED Yes | ACTION REQUIRED No |

1. GOALS AND ACCOMPLISHMENTS

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☐ Yes ☒ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing?
See attachment.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety?
See attachment.

| | | |
|--|---|--|
| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. ACCIDENT AND INJURY TRENDS

| | | |
|-----------|-----------------|-----------|
| EVALUATED | ACTION REQUIRED | CORRECTED |
| Yes | Yes | Yes |

a. Commander's method of identifying trends?

See attachment.

- | | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. What corrective action has the command taken when a trend has been identified?

See attachment

| | | | |
|---|------------------|---|--|
| (1) Are commanders, managers, and supervisors actively implementing corrective actions? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
| a. What is the composition of the COSC? | | | |
| See attachment. | | | |
| (1) Is there representation from each collective bargaining unit? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Management and supervisory representation? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Command Safety Coordinator assigned? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Command Safety Coordinator active and effective? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are committee assignments rotated? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC meetings held quarterly? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are meetings held more frequently when goals are not being attained? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (8) Do all committee members attend the meetings? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are roles and responsibilities defined in accordance with IIPP? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do committee members understand their roles and responsibilities? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is an agenda prepared prior to the meeting? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are departmental and Division Occupational Safety meetings minutes readily available? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are these minutes utilized for Area meetings? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are assignments given during Area meetings? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Minutes prepared for the COSC meeting? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Recording secretary appointed? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Minutes posted on command's Occupational Safety Board? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are minutes included in IIPP file? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Minutes maintained current year, plus three? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Minutes forwarded through channels? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the COSC effective? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are COSC recommendations clear, concise and pertinent to the command? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) COSC proactive to eliminate potential causes of accidents and injuries? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) COSC disseminate current information and training regarding health and safety issues? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do all personnel receive current information regarding health and safety? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are outside agency safety programs utilized as a resource? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Does the command maintain an effective health and safety communications system? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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AREA MANAGEMENT EVALUATION
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CHP 453M (Rev. 5-06) OPI 009

| | | |
|---|---|--|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED Yes | ACTION REQUIRED No |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

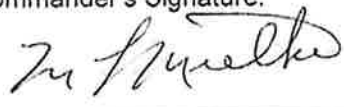
| | | |
|---|---|------------------------------|
| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Safety recognition emblem summary current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copies maintained with IIPP file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED Yes | ACTION REQUIRED No |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. COMMUNICATION WITH DOSH | EVALUATED Yes | ACTION REQUIRED No |
| a. Employees aware of procedures regarding DOSH inspections? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED Yes | ACTION REQUIRED No |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | |
|--|------------------|-----------------------|---|-----------------------------|
| (5) Training documented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED Yes | ACTION REQUIRED No | CORRECTED | |
| a. Activities identified within command that may require exposure to hazardous conditions? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

| | | |
|--|-----------------------|---------------------------------|
| Command: LACC | Division: Southern | Chapter: Occupational Safety |
| Inspected by: PSDS I E. Casiano, #A10705 | | Date: 12/11/2008 |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

| | | | |
|--|---|--|------------------------|
| TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level | | <input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input checked="" type="checkbox"/> Attachments Included | |
| Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Forward to: _____ Due Date: _____ | Commander's Signature:  | Date: 3/2/09 |
| Chapter Inspection: _____ | | | |
| Inspector's Comments Regarding Innovative Practices: None | | | |

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

The CHP 442s are currently being updated and will be completed by January 31, 2009, to reflect accurate individual safety recognition emblems.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 2

| | | |
|---|-----------------------|---------------------------------|
| Command: LACC | Division: Southern | Chapter: Occupational Safety |
| Inspected by: PSDS I E. Casiano, #A10705 | | Date: 12/11/2008 |

Commander's Response:

A follow up inspection indicates the CHP 442s have been updated and are accurate.

Inspector's Comments:

Employees are aware of and understand their responsibility in maintaining a safe working environment.
The Area continues to provide adequate and appropriate on-going training.

Required Action

Corrective Action Plan/Timeline

None

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3

| | | |
|---|-----------------------|---------------------------------|
| Command: LACC | Division: Southern | Chapter: Occupational Safety |
| Inspected by: PSDS I E. Casiano, #A10705 | | Date: 12/11/2008 |

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

N/A

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:

Date:

Responding Commander's Signature (for appeal):

Date:

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

| | | |
|------------------|------------|--------|
| AREA | DIVISION | NUMBER |
| East Los Angeles | Southern | 535 |
| EVALUATED BY | DATE | |
| Sgt. R. Johnson | 12/15/2008 | |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|-------------------------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW |
| <input type="checkbox"/> Correction Report | | DATE |
| BY | | 01/04/09 |
| 1. GOALS AND ACCOMPLISHMENTS | | EVALUATED ACTION REQUIRED CORRECTED |

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☐ Yes ☒ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☒ Yes ☐ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? There is no discernible pattern or trend to the accidents the East Los Angeles Area has experienced over the past year.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

| | | |
|-------------------------------------|-----------------|-----------|
| EVALUATED | ACTION REQUIRED | CORRECTED |
| <input checked="" type="checkbox"/> | | |

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The East Los Angeles Area Commander is motivated and proactive in his support of the COSC and in providing the employees of the East Los Angeles Area with the training and resources needed for the safest possible work environment.

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| | | |
|--|---|-----------------------------|
| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. ACCIDENT AND INJURY TRENDS

EVALUATED



ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? Each accident and/or injury is reviewed not only to determine preventability, but also to identify possible trends, by the Commander, Lieutenants, and the Command Occupational Safety Coordinator.

| | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. What corrective action has the command taken when a trend has been identified? In 2007 a trend was identified involving collisions. a training course was developed and implemented to mitigate further instances of the same nature.

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| | | |
|---|---|--|
| (1) Are commanders, managers, and supervisors actively implementing corrective actions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) | | |
| EVALUATED | ACTION REQUIRED | CORRECTED |
| <p>a. What is the composition of the COSC? Commander, Administrative Lieutenant, Occupational Safety Sergeant, Area Representative, 1 officer, 1 motor officer, 1 clerical employee, 1 ASM employee, and 1 janitorial employee.</p> | | |
| (1) Is there representation from each collective bargaining unit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Management and supervisory representation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Command Safety Coordinator assigned? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Command Safety Coordinator active and effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are committee assignments rotated? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC meetings held quarterly? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are meetings held more frequently when goals are not being attained? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (8) Do all committee members attend the meetings? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are roles and responsibilities defined in accordance with IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do committee members understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is an agenda prepared prior to the meeting? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are departmental and Division Occupational Safety meetings minutes readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are these minutes utilized for Area meetings? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are assignments given during Area meetings? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Minutes prepared for the COSC meeting? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Recording secretary appointed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Minutes posted on command's Occupational Safety Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are minutes included in IIPP file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Minutes maintained current year, plus three? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Minutes forwarded through channels? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the COSC effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are COSC recommendations clear, concise and pertinent to the command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) COSC proactive to eliminate potential causes of accidents and injuries? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) COSC disseminate current information and training regarding health and safety issues? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do all personnel receive current information regarding health and safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are outside agency safety programs utilized as a resource? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Does the command maintain an effective health and safety communications system? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED: <input checked="" type="checkbox"/> | ACTION REQUIRED: <input type="checkbox"/> |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | |
|---|---|--|
| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Safety recognition emblem summary current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copies maintained with IIPP file? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED <input checked="" type="checkbox"/> | ACTION REQUIRED |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. COMMUNICATION WITH DOSH | EVALUATED <input checked="" type="checkbox"/> | ACTION REQUIRED |
| a. Employees aware of procedures regarding DOSH inspections? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED <input checked="" type="checkbox"/> | ACTION REQUIRED |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (5) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED ✓ | ACTION REQUIRED CORRECTED |
| a. Activities identified within command that may require exposure to hazardous conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Item:

4 c. (4) - The Area currently has COSC meeting minutes maintained for the current year, plus two additional years. As we move through the next year the current minutes will be maintained until we have minutes maintained for the current year, plus three.

5 j. (2) - CHP 712 and Chp 712A's are maintained in each employee's personnel jacket, and this is noted in the IHP.

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| | | |
|---------------------------------------|----------------------|------------------|
| AREA Central Los Angeles | DIVISION Southern | NUMBER 590 |
| EVALUATED BY S. Holloway, Sergeant | | DATE 01/20/09 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|---|------------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW <i>K. LANE FOR C. BEARD</i> | DATE <i>1-20-09</i> |
| <input type="checkbox"/> Correction Report BY _____ | | | |

1. GOALS AND ACCOMPLISHMENTS

| | | |
|------------------|-------------------------|-----------|
| EVALUATED Yes | ACTION REQUIRED None | CORRECTED |
|------------------|-------------------------|-----------|

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? *The number of preventable patrol car collisions has increased. However, during this year the Area has had a higher than average number of new officers and their lack of experience appears to have contributed to the increased number of collisions.*
- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

| | | |
|------------------|-------------------------|-----------|
| EVALUATED Yes | ACTION REQUIRED None | CORRECTED |
|------------------|-------------------------|-----------|

- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? *The commander keeps abreast of all issues related to accident and injury prevention within the Area. The commander also participates in all occupational safety meetings.*

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|--|---|-----------------------------|
| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. ACCIDENT AND INJURY TRENDS

| | | |
|-----------|-----------------|-----------|
| EVALUATED | ACTION REQUIRED | CORRECTED |
| Yes | None | |

a. Commander's method of identifying trends? The occupational safety coordinator studies collision factors within the Area and relates potential trends.

| | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. What corrective action has the command taken when a trend has been identified? N/A

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
Yes

ACTION REQUIRED
None

CORRECTED

a. What is the composition of the COSC? Commander, Lieutenants, Clerical Supervisor, Maintenance Staff, Automotive Service Technicians, Occupational Safety Coordinator and a Motorcycle Supervisor

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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|---|---|--|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED Yes | ACTION REQUIRED None |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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|---|---|-----------------------------|-----------|
| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Safety recognition emblem summary current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Copies maintained with IIPP file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED Yes | ACTION REQUIRED None | CORRECTED |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. COMMUNICATION WITH DOSH | EVALUATED Yes | ACTION REQUIRED None | CORRECTED |
| a. Employees aware of procedures regarding DOSH inspections? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED Yes | ACTION REQUIRED None | CORRECTED |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

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|--|---|--|
| (5) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED Yes | ACTION REQUIRED None |
| a. Activities identified within command that may require exposure to hazardous conditions? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Note regarding Section I- Goals and Accomplishments, b: The Central Los Angeles Area has met its goals for the year with the exception of preventable patrol car collisions. During this year the Area has had a higher than average number of new officers and their lack of experience appears to have contributed to the increased number of collisions.

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|---|----------------------|--------------------|
| AREA Castaic E/F | DIVISION Southern | NUMBER 541 |
| EVALUATED BY Sergeant R. L. Strong, #12202 | | DATE 01/20/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|--|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | COMMANDER'S REVIEW  |
| <input type="checkbox"/> Correction Report BY _____ | | DATE 1-20-09 |

1. GOALS AND ACCOMPLISHMENTS

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

| | | |
|------------------|-----------------------|-----------|
| EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
|------------------|-----------------------|-----------|

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The Commander displays a very positive attitude towards the Occupational Safety Program. He carefully reviews each incident's causative factors.

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(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

3. ACCIDENT AND INJURY TRENDS

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Commander's method of identifying trends? The Commander carefully reviews each incident's causative factors and maintains an open dialog with other Area Commanders to keep abreast of developing trends.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? Not Applicable at this time.

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| | | | | | | |
|---|------------------|------------------------|-----------|------------------------------|---|--|
| (1) Are commanders, managers, and supervisors actively implementing corrective actions? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) | EVALUATED Yes | ACTION REQUIRED Yes | CORRECTED | | | |
| a. What is the composition of the COSC? The Facility Commander is the Chairperson, Occupational Safety Sergeant, Officers and Civilian employees. | | | | | | |
| (1) Is there representation from each collective bargaining unit? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Management and supervisory representation? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Command Safety Coordinator assigned? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Command Safety Coordinator active and effective? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are committee assignments rotated? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC meetings held quarterly? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are meetings held more frequently when goals are not being attained? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Do all committee members attend the meetings? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are roles and responsibilities defined in accordance with IIPP? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do committee members understand their roles and responsibilities? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is an agenda prepared prior to the meeting? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are departmental and Division Occupational Safety meetings minutes readily available? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are these minutes utilized for Area meetings? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are assignments given during Area meetings? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Minutes prepared for the COSC meeting? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Recording secretary appointed? | | | | | | |
| | | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Minutes posted on command's Occupational Safety Board? | | | | | | |
| | | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Are minutes included in IIPP file? | | | | | | |
| | | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Minutes maintained current year, plus three? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Minutes forwarded through channels? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the COSC effective? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are COSC recommendations clear, concise and pertinent to the command? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) COSC proactive to eliminate potential causes of accidents and injuries? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) COSC disseminate current information and training regarding health and safety issues? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do all personnel receive current information regarding health and safety? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are outside agency safety programs utilized as a resource? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Does the command maintain an effective health and safety communications system? | | | | | | |
| | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | |
|---|---|--|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED Yes | ACTION REQUIRED Yes |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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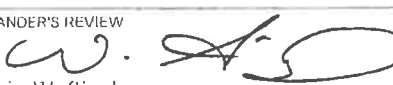
| | | |
|---|---|--|
| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Safety recognition emblem summary current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copies maintained with IIPP file? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED Yes | ACTION REQUIRED Yes |
| a. Command specific IIPP on file? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. COMMUNICATION WITH DOSH | EVALUATED Yes | ACTION REQUIRED No |
| a. Employees aware of procedures regarding DOSH inspections? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED Yes | ACTION REQUIRED No |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | | | |
|--|------------------|-----------------------|---|-----------------------------|
| (5) Training documented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED Yes | ACTION REQUIRED No | CORRECTED | |
| a. Activities identified within command that may require exposure to hazardous conditions? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|----------------|-------------------|------------|
| AREA | DIVISION | NUMBER |
| Baldwin Park | Southern Division | 525-08-004 |
| EVALUATED BY | DATE | |
| Sgt. Stefanoff | 08/28/08 | |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|--|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Correction Report BY | COMMANDER'S REVIEW  Captain W. Siegl |
| | | DATE 9/16/08 |
| 1. GOALS AND ACCOMPLISHMENTS | | EVALUATED X - 08/26/08 |
| | | ACTION REQUIRED YES |
| | | CORRECTED WORKING ON CORRECTIONS. |

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☒ Yes ☐ No

(3) Are injuries increasing? ☒ Yes ☐ No

(4) Why are they increasing/decreasing? See attached summary.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

| | | | |
|-------------------------|---------------------------|-----------------|-----------|
| 2. PARTICIPATION | EVALUATED X - 08/28/08 | ACTION REQUIRED | CORRECTED |
|-------------------------|---------------------------|-----------------|-----------|

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? See attached summary.

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| | | |
|--|---|-----------------------------|
| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. ACCIDENT AND INJURY TRENDS

EVALUATED

X - 08/26/08

ACTION REQUIRED

CORRECTED

| | | |
|---|---|-----------------------------|
| a. Commander's method of identifying trends? See attached summary. | | |
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. What corrective action has the command taken when a trend has been identified? See attached summary. | | |

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(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
X - 08/28/08

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? See attached summary.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☐ Yes ☒ No

(8) Do all committee members attend the meetings? ☐ Yes ☒ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

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| | | |
|---|---|--|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED X - 08/26/08 | ACTION REQUIRED CORRECTED |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| (2) Safety recognition emblem summary current? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Copies maintained with IIPP file? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED X - 08/26/08 | ACTION REQUIRED | CORRECTED |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. COMMUNICATION WITH DOSH | EVALUATED X - 08/26/08 | ACTION REQUIRED | CORRECTED |
| a. Employees aware of procedures regarding DOSH inspections? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED X - 08/26/08 | ACTION REQUIRED | CORRECTED |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

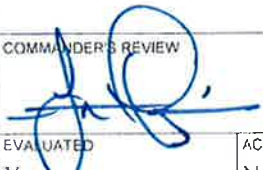
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| (5) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED X - 08/26/08 | ACTION REQUIRED CORRECTED |
| a. Activities identified within command that may require exposure to hazardous conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

See attached summary (CHP 454).

| | | |
|-----------------|------------|--------|
| AREA | DIVISION | NUMBER |
| Antelope Valley | Southern | 545 |
| EVALUATED BY | DATE | |
| Sgt. K. Miller | 12/26/2008 | |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | | |
|--|--|--|-----------------------|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | COMMANDER'S REVIEW  | DATE 1-7-09 |
| BY | | EVALUATED Yes | ACTION REQUIRED No |
| | | CORRECTED | |

1. GOALS AND ACCOMPLISHMENTS

| | |
|---|---|
| a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Are goals developed in accordance with departmental policy? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are goals appropriately categorized? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are goals realistic? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are goals consistent with departmental objectives? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Is input from all levels considered before goals are established? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are goals being accomplished? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Accurate reporting on CHP 113, Accident and Injury Report? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are accidents increasing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (3) Are injuries increasing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (4) Why are they increasing/decreasing? The Area has exceeded it's goals for preventable patrol vehicle accidents. However, there are no discernible trends or patterns to explain the increase in accidents. | |
| (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are employees knowledgeable about goals and achievements? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Are employees providing suggestions toward goal attainment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

2. PARTICIPATION

| | | | |
|--|---|-----------------------|-----------|
| | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
| a. Commander actively involved in program? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (1) Commander active in injury/illness case management? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (2) What is the commander's attitude regarding occupational safety? The Commander is very supportive and promotes occupational safety whenever possible. | | | |

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| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|--------------------------------------|-----------|-----------------|-----------|
| 3. ACCIDENT AND INJURY TRENDS | EVALUATED | ACTION REQUIRED | CORRECTED |
| | Yes | No | |

a. Commander's method of identifying trends? The Commander/Alternate reviews each CHP 113 looking for accident/injury trends. Each incident is discussed with the supervisory staff to address similar incidents.

| | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. What corrective action has the command taken when a trend has been identified? Proper training and employee awareness would have been implemented to address identified trends.

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| (1) Are commanders, managers, and supervisors actively implementing corrective actions? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
| a. What is the composition of the COSC? The permanent COSC members include: Cpt. G. Flavin, Lt. A. Witmer, Sgt. K. Miller (COSC Coordinator), CAHP rep. K. Wheeler, Clerical Staff rep. R. McKay, Special Duty rep. B. Moya, Mtr program rep. B. Orcutt, Area Auto Tech M. Maguire and assigned members (Officers involved in preventable accident/injuries within the last year). | | | |
| (1) Is there representation from each collective bargaining unit? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Management and supervisory representation? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Command Safety Coordinator assigned? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Command Safety Coordinator active and effective? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are committee assignments rotated? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC meetings held quarterly? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are meetings held more frequently when goals are not being attained? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Do all committee members attend the meetings? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are roles and responsibilities defined in accordance with IIPP? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do committee members understand their roles and responsibilities? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is an agenda prepared prior to the meeting? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are departmental and Division Occupational Safety meetings minutes readily available? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are these minutes utilized for Area meetings? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are assignments given during Area meetings? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Minutes prepared for the COSC meeting? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Recording secretary appointed? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Minutes posted on command's Occupational Safety Board? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are minutes included in IIPP file? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Minutes maintained current year, plus three? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Minutes forwarded through channels? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Is the COSC effective? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are COSC recommendations clear, concise and pertinent to the command? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) COSC proactive to eliminate potential causes of accidents and injuries? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) COSC disseminate current information and training regarding health and safety issues? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do all personnel receive current information regarding health and safety? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are outside agency safety programs utilized as a resource? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the command maintain an effective health and safety communications system? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED Yes | ACTION REQUIRED No |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Safety recognition emblem summary current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Copies maintained with IIPP file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (8) Is required documentation maintained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. COMMUNICATION WITH DOSH | EVALUATED Yes | ACTION REQUIRED No | CORRECTED |
| a. Employees aware of procedures regarding DOSH inspections? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED Yes | ACTION REQUIRED Yes | CORRECTED |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are hazardous substances identified and properly labeled? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| (2) Warning signs posted? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

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| (5) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Employees informed of their right to applicable medical and exposure information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED Yes | ACTION REQUIRED No |
| a. Activities identified within command that may require exposure to hazardous conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Appropriate engineering and/or administrative controls implemented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Employees trained on use and maintenance of equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Item 8, a, 1 and 2: Area ammunitions and flare storage locations are not properly labeled/placarded. Specific labels/placards have been requested and will be posted upon receipt.

| | | |
|---------------------------------------|----------------------|--------------------|
| AREA Altadena | DIVISION Southern | NUMBER 575 |
| EVALUATED BY K. B. Stormes, #11582 | | DATE 01/08/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | |
|--|--|---|
| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE 01/15/2009 |
| FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Correction Report BY _____ | COMMANDER'S REVIEW  DATE 1-19-09 |
| 1. GOALS AND ACCOMPLISHMENTS | | EVALUATED 01/08/09 |
| | | ACTION REQUIRED None |
| | | CORRECTED |

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☒ Yes ☐ No
- (4) Why are they increasing/decreasing? See narrative.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

| | | | |
|---|-----------------------|-------------------------|-----------|
| 2. PARTICIPATION | EVALUATED 01/08/09 | ACTION REQUIRED None | CORRECTED |
| a. Commander actively involved in program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (1) Commander active in injury/illness case management? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (2) What is the commander's attitude regarding occupational safety? See narrative. | | | |

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| (3) Occupational safety issues discussed at staff meetings and training days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are safety issues in the meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Commander comments regarding safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the commander ensure use of appropriate safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are managers/supervisors actively involved in the program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are managers/supervisors involved in case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do they have the appropriate attitude? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are supervisors monitoring employees' efforts? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do managers comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do supervisors comment on safety issues in performance evaluations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do managers/supervisors ensure the use of proper safety equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are employees actively involved in the Occupational Safety Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are employees involved in their case management? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are employees knowledgeable about safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are they aware of the command's achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are employees practicing safety while performing their duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are employees reporting unsafe conditions and/or work practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do employees work cooperatively to minimize hazards? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Do employees offer suggestions to improve occupational safety? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Is employee equipment properly used and maintained? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. ACCIDENT AND INJURY TRENDS

| | | |
|-----------|-----------------|-----------|
| EVALUATED | ACTION REQUIRED | CORRECTED |
| 01/08/09 | None | |

a. Commander's method of identifying trends? See narrative.

| | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. What corrective action has the command taken when a trend has been identified? See narrative.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
01/08/09

ACTION REQUIRED
Yes

CORRECTED

a. What is the composition of the COSC? See narrative.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

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| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. DOCUMENTATION | EVALUATED 01/08/09 | ACTION REQUIRED Yes |
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Are safety hazards identified? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (3) Routed within time frames? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Supervisor comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Commander review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Commander signs appropriate form? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Properly routed within time limits? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Safety recognition emblem summary current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Copies maintained with IIPP file? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 6. INJURY AND ILLNESS PREVENTION PROGRAM | EVALUATED 01/08/09 | ACTION REQUIRED Yes | CORRECTED |
| a. Command specific IIPP on file? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Is the program effective? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Contains all required documents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Discussed with all employees? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) All employees understand their roles and responsibilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (8) Is required documentation maintained according to policy? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 7. COMMUNICATION WITH DOSH | EVALUATED 01/08/09 | ACTION REQUIRED Yes | CORRECTED |
| a. Employees aware of procedures regarding DOSH inspections? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| b. Command's documents readily available for review by DOSH Compliance Officer? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 8. HAZARDOUS SUBSTANCE PROGRAM | EVALUATED 01/08/09 | ACTION REQUIRED None | CORRECTED |
| a. Does command have a written Hazardous Substance Program for substances used within that command? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Are hazardous substances identified and properly labeled? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Warning signs posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Material Safety Data Sheets readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Employees receive training? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

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| (5) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (6) Employees informed of their right to applicable medical and exposure information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED 01/08/09 | ACTION REQUIRED None | CORRECTED |
| a. Activities identified within command that may require exposure to hazardous conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (1) Appropriate engineering and/or administrative controls implemented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (2) Protective equipment provided in accordance with bargaining unit agreements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (3) Employees trained on use and maintenance of equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (4) Training documented? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |